

condition of the system is requisite before narcotics will prove beneficial, every one, we think, at all conversant with the disease, will admit. Thus the experienced physician will reduce much heat of surface, particularly of the head, before administering narcotics. Again, he will be careful by the timely use of diffusible stimuli to maintain a necessary degree of heat. Never has the all-important, truly practical injunction, to treat symptoms, not the name of a disease, been more disregarded, than when treating the disease under consideration. But we have extended our remarks beyond what was our intention. The few suggestions we have ventured are drawn from nearly one hundred and fifty cases, which came under our care while residing in the Philadelphia Alms-house Hospital.

Hereafter we may present a full and minute account of our cases. Confident we are that for extent and variety of practice no institution in our country offers a wider field. May we not hope that the good example set by the resident physicians and surgeons of the New York and Philadelphia Hospital, of regularly reporting their cases, will be followed by those of the Philadelphia Alms-house Hospital. To themselves and the profession at large the advantages would be incalculable.

ART. VII. *Cases from the Note Book of* LYMAN BARTLETT, M. D.  
of New Bedford.

**CASE I. *Dipsosis*.**—James Webb, Fairhaven, aged forty, (married, cooper.) This individual states that since his earliest recollections he has drank daily about twenty-four quarts of water. He sometimes drinks more than this, but very seldom less. He could drink several quarts more per day, without feeling inconvenience from it. I have seen him drink five pints at a draught, without apparent inconvenience. Thinks his drinks exceed somewhat in quantity his urinary secretion.

Although he is a man of acknowledged veracity and respectability, to put the supposition of imposition at rest, on the first of January, 1835, I requested Mr. E. WELLS, (a medical student,) and another gentleman, to watch him for forty-eight hours. The man pursued his ordinary business, and drank as usual. The result of their observation was a full corroboration of Webb's statements. He drank in the forty-eight hours forty-eight quarts; quantity of urine forty-four quarts. The urine is of a pale colour, tasteless, not coagulated by boiling or by acids. If much restricted in the quantity of drink, he experiences a sensation of extreme thirst, and the general symptoms of fever.

With the exception of a fever which he had some few years since, he has always enjoyed good health. He is an active mechanic, and supports a wife and three children by his manual labour. The expression of the countenance is rather heavy; skin pale, and naturally moist; the temperature of the body equable, but lower than that of most persons in health. The other functions of the body regularly performed.

*CASE II. Wound of the Jugular Vein — November 25th, 1834.* M. Augustus Zurlindin, (New Bedford,) aged four years, while running across the floor with a penknife in his hand, tripped his toe, and fell upon the blade, which entered the neck over the seat of the large vessels, just back of the thyroid cartilage. I saw him in about five minutes after the accident, and found venous blood flowing in a full stream. Quantity of blood lost, by estimation, ten ounces. The bleeding was stopped by a moment's compression with the finger, and the wound afterwards dressed with a bit of adhesive plaster.

*29th.* Has been kept quiet within doors upon a low diet since the accident; has manifested nothing different from his usual health and playfulness until last night, when he complained of some pain in the neck, and thirst; was rather restless. Now the neck is somewhat tender to the touch over the seat of the large vessels, from the wound to the clavicle, perhaps a little swollen; tongue thin, white coat; some thirst; no appetite; skin rather warm and dry; restless; no dejection since yesterday; pulse 100. R. Ant. tart. gr. x.; Magnes. sulph.  $\overline{3}$ ss.; Aq. f.  $\overline{5}$ vij. ft. sol. Take f.  $\overline{3}$ ij. every hour. Lotion of alcohol and water to the neck. At 6, P. M. he had vomited twice, and had two dejections; skin warm and moist; pulse 90; less restlessness.

*30th.* Very restless through night; rolling about the bed, and complaining much of thirst. Countenance anxious; tongue covered with a thicker and darker coat, and dry; pulse 120, 125; one dejection; skin as yesterday morning; feet cool; neck appears the same, complains of pain in it. Apply six leeches to the neck. Sinapisms to the feet. Continuè sol.

*December 1st.*—Was more quiet after leeches till 9, P. M.; slept some. At 10, P. M. had a severe chill; short, quick breathing, and frothing at the mouth; low muttering delirium through night; now lips dry; some sordes on teeth; tongue dark coloured and dry; skin rather warm and dry, but at times moist; appearance of neck not altered; pulse 130. At 6, P. M. was seen with Dr. SPOONER. Leeches repeated. Cathartic of calomel and jalap.

*2d.* Has continued much the same; delirium rather increased; no

relief from leeches; two dejections; pulse 140; two paroxysms of chills, &c. more severe than the first. He continued much the same, except with increased frequency and severity of the paroxysms, till December 3d, 10, P. M. when he died in one of them.

*Dissection.*—On examination after death, it was found that the knife passed through the internal jugular vein to the lateral spinous process of the vertebra, opposite the thyroid cartilage. Between the sheath of the vessels and the spinous processes of the vertebra, was found an abscess extending from about an inch above the wound, down as low as the clavicle, and containing about six ounces of pus. Within the sheath of the vessels effused, coagulated blood was found extending down to the pericardium; this effusion extended a little more than an inch above the wound. The wounds in the vein were closed by the adhesive inflammation, and the calibre of the vein so much contracted at this point, as to admit the passage of little more than a common-sized probe. The vein showed marks of inflammation for about two inches above the wound, and downwards it extended quite into the heart. For the space of two inches below the wound, there was some appearance of ulceration within the vein. The vein contained a firm, strong white cord of coagulum, extending from the wound into the right ventricle of the heart. This was so large as nearly to fill the jugular vein, and in many places adhered pretty firmly to it. The third or half of the pericardium next the base of the heart, showed marks of high inflammation.

*CASE III. Wound of the Face and Jaws from a Circular Saw.*—February 19th, 1835. Leonard Rogers, (Dartmouth,) aged twenty-one years, while tending a shingle-mill, the circular saw was by some means thrown out of gear, and whirling, struck him obliquely in the face, making a wound passing externally from the bottom and right side of the chin, through the lips, across the outer part of the wing of the left nostril, over the cheek bone, and above the zygomatic arch to within about an inch of the meatus of the left ear. The saw tore out the front teeth of the upper and lower jaw, cut out the gums and bone of the lower jaw, a little lower than the sockets of the incisors, cut deep through the upper jaw and roof of the mouth, and through the malar bone into the angle formed by the temporal bone, and zygomatic process of that bone. All the teeth of the left upper jaw were either torn out or broken off, with the exception of the last molar and second bicuspid. The latter was contained in a large fragment of the upper jaw, which was sawed off and left adhering to the cheek. From the mouth, the finger in its whole length was passed freely through the roof of the mouth, cheek bone, &c. out at the temple.

There was a good deal of hæmorrhage from several small arteries, these were stopped by torsion. The whole loss of blood estimated at forty ounces. Several fragments of bone and teeth were removed; the molar bone, (which was broken through without loss of substance,) was replaced; the fragment adhering to the cheek was suffered to remain. The lips were now brought together each by two hare-lip sutures. There were several pretty severe lacerations lateral to the main wound, one of which passed quite through each lip, and prevented the possibility of bringing them into perfect shape again, although the deformity is now inconsiderable. These lateral lacerations required confining by stitches. A stitch was taken at the wing of the left nostril, one over the cheek bone, and another over the temple. The intermediate spaces closed by adhesive straps. The lips and cheek were now further supported by the application of a hare-lip bandage. He was very weak from the loss of blood; fainting whenever raised in bed. Took nourishment by means of a small flexible tube passed between the lips.

The teeth, gums, &c. being lost from the front of the lower jaw, the saliva oozed through the wound in the lower lip for two days, but not afterwards. On the sixth day after the accident, the bandage and stitches were all removed; the wound was found united by the first intention in its whole extent externally, with the exception of about an inch above the wing of the left nostril, and the same extent on the temple, at which places suppuration had commenced. The wound was now dressed by adhesive straps and bandage as before. On the twelfth day from the accident, the wound was entirely healed externally, and the wound in the roof of the mouth was now found nearly closed; but two small pieces of bone were projecting and removed. The large fragment containing the bicuspid tooth was moveable, but on the twentieth day from the accident it had become firmly united to the upper jaw, and the whole of the wound perfectly healed. He now suffers no inconvenience from the injury, except the loss of teeth. His speech is scarcely at all affected.

---

ART. VIII. *Case of Raccornissement, with Remarks.* By ALEXANDER L. BARON, of Charleston, S. C.

**DURING** the winter of 1831-2, at which time the Marine Hospital of this city was under our charge, Thomas Butler, a native of New York, a sailor, was admitted into the surgical wards of the institution. The individual was of robust make, aged about fifty years, and